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ABSTRACT

This paper examines the 1972 and 1973 bills to revise the Michigan Dental Practice Act and investigates the reactions of several groups affected by the proposed changes. Emphasis is placed on initial efforts to revise the Dental Act, the need to revise the Dental Act, Michigan Dental Association (MDA) efforts to expand duties for dental hygienists and assistants through legislation, MDA and State Board efforts to seek expanded duties without revising the Dental Act, MDA efforts to amend the Dental Practice Act, and results of the 1972 and 1973 Bills in the Legislature. (MJM)

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CHANGING THE DIVISION OF LABOR IN DENTISTRY: A CASE STUDY IN MICHIGAN

by Ann A. Webster

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I. INTRODUCTION

In 1967 the ADA House of Delegates passed a resolution encouraging state boards to recommend revision of the state dental practice acts to achieve more effective use of auxiliaries and to omit lists of permissible duties.* By 1970 nearly half the states had revised their practice acts.**

The state acts differ in whether or not they list permissible duties or broadly define the auxiliaries by what is not permissible. Other variations in state laws indicate the confusion nationally over several issues: There has been no clear definition of what constitutes the practice of dentistry. There is confusion over whether or not the hygienist should be confined to prophylactic areas, and if not, how she will be distinguished from the dental assistant. The DAU and TEAM programs in the dental schools have encouraged dentists to delegate many tasks to the lesser-trained assistants,*** yet there is ambiguity about what duties can and should be delegated, and whether education or certification (or licensing) should be required for the assistant.

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* ADA House of Delegates, "The Training and the Utilization of Dental Hygienists and Dental Assistants," ADA Transactions 1967, pp. 277-82.

** Johnson, Donald W. And Berstein, Stuart, "Classification of States Regarding Expanded Duties for Dental Auxiliaries and Selected Aspects of Dental Licensure - 1970." A.J.P.H., February 1972, pp.208-215.

*** The purpose of the federally funded DAU and TEAM programs was to increase the use of auxiliaries. By 1961, nearly all dental schools included the DAU program, the purpose of which was to promote the use of chairside assistants. Federal funding for this program is to be phased out after June 1973. The TEAM program was begun recently and emphasizes expanded duties for hygienists and especially assistants. The program is designed to train dentists to set up and work effectively with a group of auxiliaries.

Education and certification requirements are usually resisted by dentists since they limit the supply of assistants and increase the cost of employing them. Certain states have attempted to solve this problem by creating several classes of assistants with varying educational requirements and duties permitted.

There has been a movement in some states (including Michigan) to create a new licensed auxiliary rather than an expanded function assistant. However in December 1972, the ADA House of Delegates stated that development of new categories of dental auxiliaries is not accepted by the ADA and that "only the dental assistant, dental hygienist, and dental laboratory technician are recognized as dental auxiliaries..."*

The laboratory technician has been neglected in the recent movement to provide for expanded duties of auxiliaries. Why this has happened is not clear, but the Inter-Agency Committee, created by the ADA to develop guidelines for the education and use of auxiliaries, recommended that more attention be given to technicians.**

The present Michigan Dental Practice Act, it should be noted, defines dental hygienists in narrow terms. She may perform prophylaxis and prescribe ordinary mouthwashes but may not perform any other tasks.

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* "News of Dentistry," J.A.D.A., Vol. 85, No.6 (December 1972), pp. 1210.

** Inter-Agency Committee on Dental Auxiliaries, "Report of the Inter-Agency Committee on Dental Auxiliaries," J.A.D.A., Vol. 84, No.5 (May, 1973), pp. 1027-104.

The dental assistant is not mentioned in the present act. The State Board has issued some rules which allow further delegation to auxiliaries. In 1966 it was ruled that a dental hygienist could take impressions for study casts, remove periodontal and surgical packs, remove sutures and polish metal restorations. It was stressed emphatically "that the dental assistant may not under any circumstances render services involving the oral cavity except to take x-rays under the direct supervision of a dentist."* Another rule further defining duties delegable to both hygienists and assistants was issued in 1970 and is discussed in section V. In 1972 and 1973 bills to revise the Michigan Dental Practice Act were introduced. This paper discusses the gestation of these bills and examines some of the problem areas mentioned above. Reactions of several groups affected by the proposed changes will be highlighted.

II. INITIAL STAGE, 1967

A. Recommendations from the Leadership Conference

In April 1967 the Michigan Dental Association (MDA) appointed a special committee, the Committee on Dental Practice, to explore potential responsibilities for the profession's auxiliaries. This committee planned and conducted the Leadership Conference, September 24-26, 1967. The Conference is important because the ideas expressed and the resolutions passed are reflected in later actions by the MDA's Committee on Dental Practice.

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* "Board Defines Hygienists' Duties," JMDA, Vol. 49, February 1967, p. 53.

The Leadership Conference was divided into four Reference Committees with charges to explore different aspects of expanded duties for auxiliaries. The resolutions and conclusions of each Reference Committee are summarized below.*

Reference Committee A: This committee was to explore the question of whether the present auxiliaries could meet demand for dental care through increased numbers or whether expanded duties were necessary. The committee passed two resolutions which recommended that: (1) The MDA should request more auxiliary training programs. (2) The MDA should request more and better postgraduate courses to train dentists in the effective use of auxiliaries. (3) That the MDA attempt to devise a pilot or limited program in private practice to train dentists to use auxiliaries and to study increased productivity. The Committee reached no conclusion regarding the need for expanded duties but commented that, if this is needed, it should be done through regulation of the State Board of Dentistry.

Reference Committee B: This committee examined whether there was need for more specialized ancillary personnel, and whether expanded duties are needed for existing personnel and, if so, to what degree hygienists, assistants, and technicians are to be permitted to perform them. They concluded that no new auxiliaries were required (such as the dental nurse or assistant dentist) but that the existing auxiliaries could meet dentistry's need if delegated additional duties.

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* The report of this Conference is reported in the Journal of the Michigan Dental Association, Vol. 49, December 1967, pp. 379-385.

The committee did not believe that the idea of expanded duties applied to the dental laboratory technician.

The Committee passed two important resolutions regarding hygienists and assistants. (1) The MDA should seek expanded duties for the hygienists' in the preventive field. The group felt that the hygienists' duties could include root planning, scaling, and increased patient care, and that the hygienist should concentrate in this area because the supply of hygienists is limited and they are needed in this area. (2) The MDA should seek expanded duties for the assistant under the direct supervision of the dentist especially in the field of restorative dentistry. Expanded duties suggested by the Committee included: placement and removal of temporary restorations, make impressions for study casts), removal of sutures, remove periodontal dressings, placement and finishing of restorations in prepared teeth and "hygienist-type" duties should also be included. Most members did not feel that irreversible duties should be included.

Reference Committee C: This committee considered the numbers and types of personnel needed and what the needs would be for training programs. The group offered some suggestions on increasing attractiveness of the field and reducing attrition. They concluded that the hygiene program would not need to be increased in length and that a two year assistant program would be standard. The committee passed a resolution asking the MDA to urge development of programs to train teachers for the programs.

Reference Committee D: This committee was asked to consider the regulation of auxiliaries. They interpreted this charge as being

applicable to assistants only since the expanded duties idea was particularly applicable to them. The committee agreed that there should be some regulation but did not favor licensure. Several members felt that, in retrospect, licensure of hygienists had been a bad idea. This group agreed that certification as recognized by the ADAA should be accepted.* A resolution was passed asking the MDA and the State Board to recognize and regulate the expanded duty assistant and to determine whether this could be done without altering the State Dental Law.

B. Summary of Leadership Conference Reports

The several committees of the Leadership Conference agreed on certain ideas. (1) Expanded duties: The need to delegate additional duties was recognized. Expanded functions were not to be considered for the laboratory technician, however, nor was there a need to create a new auxiliary, especially not a licensed one. Expanded duties for the assistant were emphasized and two of the committees asked the MDA to see if the duties could be delegated without changing the state law. Expanded duties were suggested for the hygienist in her traditional field.

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* Certification through the American Dental Assistants Association involves one year of training at a school approved by the ADA Council on Dental Education and an exam by the ADAA Certifying Board. The certificate is renewed annually by continuing education courses (U.S., DHEW, Certification in Allied Health Professions, 1971 Conference Proceeding, p.54) It should be noted that few assistants are certified this way. In 1972, only 12,000 of the 90-95,000 employed assistants were members of the ADAA. (Fleming, Donald T., and Judity S. Harvey, "Legal Aspects of Expanded Duties for Dental Assistants," The Dental Assistant, January 1973, pp. 11-15.)

(2) Education: some implications for state educational institutions were outlined. The educational needs included (a) better postgraduate courses for dentists and a pilot study in the private sector; (b) more auxiliary training programs; and (c) programs to train teachers for the auxiliary programs. The Conference indicated a need for formal recognition of the assistant, but did not recommend licensure.

III. NEED TO REVISE THE DENTAL ACT INDICATED, 1968-69

A. The Committee on Dental Practice, 1968

In the spring of 1968, the Committee on Dental Practices was established as a standing committee by the MDA General Assembly. This committee reviewed and suggested action on recommendations concerning hygienists and assistants which came out of the conference.*

1. Expanded Duties for Dental Hygienists

The Committee reviewed the law with the State Board of Dentistry and the MDA Attorney and found that hygienists could perform the expanded duties suggested by the Leadership Conference without changing the state law.**

2. Expanded Duties for Dental Assistants

The Committee decided to focus on the education and responsibilities of the dental assistant. In its report the Committee requested authorization from the MDA Board of Trustees to hold a hearing in early

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* "Report of Committee on Dental Practice," mimeo, August 26, 1968.

** Brown, William E., MDA President, The Editorial Page."The Future of Dental Practice," J.M.D.A. Vol. 50, June 1968, p.200.

fall 1968 to discuss the proposals which the Board of Trustees accepted. This hearing was to inform and secure the opinions of a wide representation of the leaders in the state. The committee selected participants from the MDA officers and committees; the State Board of Dentistry; representatives from the two dental schools, and all assisting and hygiene programs; leaders from the hygienists' and assistants' associations; State Department of Public Health; and members of the laboratory technician field. The Committee also suggested a list of topics to be debated including questions regarding assistants which had been raised at the Leadership Conference.

The Committee was directed by the MDA Board of Trustees to work through the State Board of Dentistry to seek a ruling on whether or not a list of 14 sophisticated tasks to be performed by an assistant constituted the practice of dentistry.*

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* These duties were: (1) placing and removing rubber dam; (2) placing and removing matrix; (3) applying drug or varnish to walls of cavity; (4) placing, condensing, and contouring restorations; (5) finishing and polishing restorations; (6) placing and removing temporary fillings; (7) polishing crowns of teeth after hard accretions have been removed by dentist or hygienist; (8) applying fluorides; (9) removing excess cement; (10) exposing, processing, and mounting radiographs; (11) securing impressions for study casts; (12) placing and removing periodontal dressings; and (13) removing sutures; and (14) engaging in increased education of patients (op cit. August 1968 Report).

The lack of a clear definition of what constitutes the practice of dentistry is shown by the Committee's definition: "... these tasks (1) do not include any of the services that the dentist only can perform in the study at the University at Alabama; (2) they include none that might be injureous, dangerous, or painful for the patient, and (3) they include no services that are not readily corrected whenever correction might be required."*

The State Board of Dentistry denied the MDA request to seek a ruling from the Attorney General on the 13 duties described above. The State Board justified their action "on the grounds that at various times dentists have been convicted for allowing unlicensed individuals to perform these duties." The Board recommended that the MDA define a new auxiliary by law and spell out educational requirements which would lead to licensure. "Once this individual was licensed, the Board could eliminate or expand his duties as technology and circumstances dictated. It is the same procedure which was followed when the dental hygienist was created."**

3. Education of Dental Auxiliaries

The Dental Practice Committee requested that the MDA Committee on Dental Education be authorized to conduct a survey of the state institutions' potentials for training auxiliaries. Once the tasks for auxiliaries were determined, the Education Committee should assist the state training programs in developing a coordinated curriculum

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* op.cit., Report, 1968

** op.cit., Champagne, 1969, p. 229.

and to develop a general plan for supervision of these programs.

Conference on Problems of Auxiliary Programs: In early spring 1969, the MDA appointed a Special Committee on Auxiliary Education Programs to survey and evaluate the needs of auxiliary programs and to advise the State Department of Education of its findings. On November 5, 1969 the MDA Committee on Dental Education sponsored a Conference on Problems of Auxiliary Programs.* This meeting was attended by representatives from the State Bureau of Higher Education, the Bureau of Public Health Economics, and the MDA. A panel discussion revealed that there was considerable study and planning in programs in the field of auxiliary training, but that these efforts were poorly coordinated. The MDA officers were surprised to learn that state agencies were doing extensive manpower studies without the MDA's participation or consultation.

4. The Education of Dentists in the Use of Auxiliaries

The Dental Practice Committee recommended that the continued education programs for dentists be developed and encouraged by the Education Committee. There is no mention in the August 1968 report of the Leadership Conference recommendation that a pilot program be established in the private sector to train dentists to use auxiliaries. Evidently, the MDA Board of Trustees asked for a ruling on this idea and the State Board of Dentistry ruled that training or teaching programs could only be carried out only in an educational institution.**

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* Millard H. Dean, "The Editorial Page. Conference on Auxiliary Programs," J.M.D.A., Vol. 51, December 1969, p. 380

** op.cit., Champagne, 1969, p.229.

5. Need to Revise the Dental Practice Act

The Dental Practice Committee believed that the state law needed to be revised. The reasons for this belief are not developed in the August report, but the Committee recommended that it be assigned the task of writing the needed amendments.

IV. MDA SEEKS EXPANDED DUTIES THROUGH LEGISLATION, 1969

1. MDA Board of Trustees Authorizes Introduction of Legislation

At a September 1969 meeting the MDA Board of Trustees authorized the introduction of legislation to revise the dental act. The group to prepare the legislation were: Dr. John G. Nolen, MDA Executive Director; H. William Butler, MDA Legal Counsel; the State Board of Dentistry; and the MDA Committees on Legislation and Dental Practice.* The MDA Board did not name the new licensed auxiliary but agreed that 18 months to two years education would be required. The Board listed 13 duties for this auxiliary 12 of which were the same as those proposed earlier for the expanded duties assistant. Two tasks, applying flouride and exposing, processing and mounting radiographs, were omitted from tasks for the new auxiliary but an open-ended statement was added that the new auxiliary could perform any other tasks permitted by the State Board of Dentistry after conference with the MDA Board of Trustees.

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* Report/MDA Board of Trustees September Meeting. "Board to Seek Legislation for New Auxiliary; 1970 Budget OK'd," J.M.D.A., Vol. 51, October 1969.

Concerning existing auxiliaries, the MDA Board of Trustees directed the Dental Practice Committee to develop proposals for expanding their duties and voted to grant ADAA certified assistants (described above) advanced standing if they chose to enter the new training program.

2. Opposition from MDA Constituents

The MDA Board of Trustees cancelled their plans to revise the Dental Practice Act at a November 23, 1969 meeting due to objections from the profession.* Practicing dentists objected to the planned amendments because (1) they opposed additional licensing of auxiliaries (2) they opposed the educational requirements, and (3) didn't understand how the present auxiliaries would fit into the plan.

3. Dental Hygienists Voice Opposition

The Michigan Dental Hygienists Association (MDHA) also objected to the proposed changes.** The hygienists objected to their being limited to preventive dentistry. They stated that they could easily expand their tasks since they already have the required education and the argument that they are needed in prevention would not apply if hygiene were made attractive to more people through increased variety of tasks. The hygienists asked that the revised Dental Law provide an outline of their duties to be interpreted by the State Board of Dentistry and

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* Millard, H. Dean, "The Editorial Page. The Auxiliary Issue," Vol. 52, January 1970, pp. 2-5.

** "Policy Statement Regarding Proposed Dental Practice Act Changes," Bulletin of the Michigan Dental Hygienists' Assoc., Winter, 1969, p. 10. "Policy Statement of the Michigan Dental Hygienists' Assoc.," Bulletin of the Michigan Dental Hygienists' Association, Spring, 1970 p. 16

that a hygienist be a member of the Board.*

V. MDA AND STATE BOARD SEEK EXPANDED DUTIES WITHOUT REVISING DENTAL ACT, 1970

A. State Board Submits Proposal

State Board President, Dr. R.E. Stevens, asked for MDA approval of a proposal to liberally interpret the Dental Practice Act. In June 1970, the MDA Board of Trustees approved the proposal, but also stated they still supported the idea of creating a licensed auxiliary which would require more education.** The proposal listed duties which were to be performed by an assistant under the direct supervision of the dentist. The list included traditional assistant and hygienist duties and few expanded duties.*** This proposal also prohibited

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* This latter idea was not incorporated in the bills introduced in 1972 and 1973. During a hearing on the 1973 bill in the House Committee on State Affiars, Rep. Smit asked if the constitution didn't require that the State Board be partially made up of hygienists. Rep. Spenser replied that since any dentist can practice hygiene, this requirement is fulfilled (MDA Legal Counsel, Don Gardner's transcription of the hearings held March 6, 1973, p.2)

The hygienists in Rhode Island have a bill in the legislature which creates a separate examining and regulatory board for hygienists. The intent of the hygienists is to achieve a compromise of one hygienist on the present board of dental examiners (J.A.D.A., "Legislation and Litigation," May 1973, p. 926).

** "Mini News," J.M.D.A., Vol. 52, June 1970, p. 150

*** "A dental assistant, while assisting a licensed dentist,... may function as a second pair of hands for that dentist...and may perform the following tasks without violating the Michigan Dental Law: 1. Hold and remove materials, trays, strips and bands previously placed in the patients' mouth by the dentist. 2. Remove excess cement... 3. Remove ligatures from orthodontic arch wires. 4. Give intraoral instructions and demonstrations of oral hygiene procedures. 5. Remove rubber dams. 6. Place and remove cotton balls and gauze packs. 7. Remove periodontal dressings... 8. Apply anticariogenic solutions to the teeth. 9. Chart existing restorations and missing teeth. 10. Use evacuator tips and retractors. 11. Take intraoral photographs. 12. Maintain her present duties of exposing dental radiographs." ("State Board of Dentistry Presents Dental practice Proposal," J.M.D.A., Vol. 52, June 1970, p. 185).

the assistant from certain functions: 1. cutting hard or soft tissue; 2. prescribing, dispensing or administering any drug, anesthetic or analygesia; 3. entering oral cavity with any power driven instruction; 4. packing, condensing or contouring any restoration; 5. performing any duty that could result in irreversible biological response. The new proposal was a much narrower definition of the dental assistant than that proposed in 1968 by the MDA and which was rejected by the State Board of Dentistry.

A public hearing on the proposal was held on October 1,1970 and drew representatives from MDA, hygienists' and assistants' associations, auxiliary training programs, State Department of Education, and others.* Soon after the hearing the Attorney General ruled that the proposal was illegal. MDA Legal Counsel, H. William Butler, at an October 28th meeting between the MDA and State Board, said that the State Board of Dentistry has the right to interpret the Dental Law and that this could be done without promulgating a new rule. State Board members argued to consider this suggestion at their December meeting.**

B. Board Issues New Interpretive Rule

In January 1971 the State Board of Dentistry issued a "New Interpretive Rule". This rule lists duties "which do not constitute the

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* "Mini News," J.M.D.A., Vol. 52, October 1970, p. 258.

** "Mini News," J.M.D.A., Vol. 52, November 1970, p. 290.

practice of dentistry" if performed under a dentist's direct supervision, but it does not mention the dental assistant or the duty of applying anti-cariogenic solutions to the teeth, both of which had been included in the original proposal. One wonders whether the deletion of the reference to assistants and the deletion of one task, typically the hygienists', were due to legal technicalities, or pressures from the hygienists to be included in this new rule and to exclude preventive duties from the assistants. Both seem possible. Support for the latter possiblity is found in the MDA's report of the October hearing: "... Both pros and cons were aired; however, cons were directed mainly to specifics of the proposal rather than its principle. The proposal... would allow the present dental assistant to perform certain intraoral procedures... Essentially the same provisions are made for hygienists."* This last statement was not at all explicit in the proposal and one suspects that the MDA made this statement to mollify the complaints of the hygienists.

VI. MDA SEEKS AMENDMENTS TO DENTAL PRACTICE ACT, 1971

A. Ad Hoc Committee Appointed

Early in 1971, the MDA Board of Trustees appointed the AD Hoc Committee to develop legislation. The Committee included members from the University of Michigan, The University of Detroit, and the MDA.**

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* "Mini News," J.M.D.A., Vol. 52, October 1970, p. 258.

** The Ad Hoc Committee didn't include representatives from the auxiliary societies. In the summer of 1970, the outgoing MDA president, Dr. Henry Walkotten, had told the hygienists at their annual meeting, that he had suggested that both hygienists and assistants be appointed to the MDA Committee (Hubbard, Betsey, "The President's Message. We Should Have a Voice," Bulletin of the MDHA, Summer 1970.)

The Committee's progress was to be aired with MDA component societies and the Committee planned to meet with the auxiliaries.

The Ad Hoc Committee made several recommendations for amending the dental law. All changes had to be approved by the MDA Board of Trustees and the State Board of Dentistry.

1. The Ad Hoc Committee recommended expanding duties of assistants without licensure and to list in the act only the duties which cannot be delegated. This is the type of legislation recommended by the ADA (see page 1) and reflected suggestions from component societies, dental school personnel and suxiliary organizations. The MDA Board approved these recommendations.* Other recommendations suggested by the Ad Hoc Committee in August 1971:**

2. There should be one (not two) members of the State Board from the Upper Peninsula.

3. The term of State Board members should be changed from seven to four years.

4. The provision should be deleted which eliminates dental faculty members from elegibility for membership on State Board.***

5. The State Board should be empowered to give exams as needed rather than a specific number.

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*"Mini News," J.M.D.A., Vol. 53, July-August 1971, p.226.

**J.M.D.A., "Feedback Triggers Revision of Proposed Dental Practice Act Amendments," Vol. 53, September 1971, pp. 273-274.

***This provision was never incorporated in the bills introduced to the legislature. In the March 6, 1973 Committee on State Affairs hearing, Rep. Bonoir asked why the dental school faculty cannot be members of the Board. Dr. Champagne, secretary of the Board, replied that there was a "conflict of interest", i.e., the teacher being the examiner (op.cit., MDA transcription, p.2).

6. The State Board would prescribe educational requirements to enable assistants to perform duties normally restricted upon completion of required courses. Assistants would be certified to do these additional duties by the State Board.

In September 1971, the MDA Board of Trustees approved, in principle, the proposed changes to the Dental Practice Act.* The MDA Board asked that some changes be incorporated. The Ad Hoc Committee hoped to send informational copies of the final revision to component societies, auxiliary organizations, and specialty groups.

VII. BILLS GO TO LEGISLATURE, 1972, 1973

A. The 1972 Bill

Identical bills were introduced in the House and the Senate in 1972. Most of the Ad Hoc Committee recommendations were included in the bills. The only suggestions not included was that dental faculty be able to be on the State Board of Dentistry.

In a hearing on May 9, 1972 before the House State Affairs Committee, representatives from the State Board of Dentistry testified that they would oppose the bill unless it were revised "to provide for examination of formal auxiliary education programs at the discretion of the State Board." The MDA Board of trustees agreed to seek this change.**

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* J.M.D.A., "Report/MDA Board of Trustees September Meeting. Revised Practice Act Proposal Wins Boards Approval in Concept'," Vol. 53, November 1971, p. 318.

** J.M.D.A., "Report/MDA Board of Trustees Meeting June. Board to Seek Change in Dental Practice Act Proposal," Vol. 54, September 1972, p. 291.

B. The 1973 Bill

In February 1973 H.B. 4114 was introduced and referred to the House Committee on State Affairs. This Committee recommended minor amendments concerning the per diem of State Board members and the deletion of restrictions on physicians' use of laboratories. The State Affairs Committee referred the bill to the Committee on Appropriations on March 6, 1973 (J.H.R., No.22, p. 467).

The Committee on Appropriations (Rep. Copeland, Chairman) made another amendment on the State Board's per diem and accepted the amendments regarding physicians and laboratories. At the Committee hearing on May 17: (1) A delegation from the U.P. succeeded in changing its representation on the Board to two (as in the present law); (2) The MDA was surprised to find the MDHA at the hearing and the hygienists were successful in making three amendments to the bill (J.H.R., No.55 1973, p.1116). (See discussion of specific sections of the bill below).

H.B. 4114 with its HOuse Amendments was referred to the Senate and with a few minor passed and was referred to a Conference Committee. At this writing the bill is still in this Committee.

The following discussion analyzes the provisions for hygienists and assistants as they appear in the present practice act, the 1972 bill, and the 1973 bill with its amendments to data. It should be noted that most differences between the 1972 and 1973 bills are minor wording changes to modernize the language. The only substantive differences in the bills occur in Sections 9 and 9a which involve the Board's power to examine the graduates of auxiliary programs.

1. Hygienists

The amendments proposed by the 1972 bill are in capital letters.

Portions from the present act are printed in upper and lower case. Those sections enclosed in parenthesis are sections of the act deleted by the bill:

> "... or has in earned units of study the equivalent necessary for graduations and has earned a diploma or certificate from a (reputable school) PROGRAM of dental HYGIENE APPROVED BY THE BOARD. (hygienists having a curriculum of not less than 2 separate academic years, and each term to be of not less than 32 weeks of 5 1/2 days in each week.) The board may (asertain and) determine what (shall constitute such reputable school) CONSTITUTES AN APPROVED PROGRAM..."*

Part of the above passage was changed in the 1973 bill as follows:

> "... or has in earned units of study the equivalent necessary for graduation and has earned a diploma, or certificate, OR THE EQUIVALENT FROM A PROGRAM APPROVED BY THE BOARD..."**

The above changes in the dental act increase the flexibility of the law and also increase the power of the State Board. Both bills delete specific requirements regarding the hygiene programs and both increase the Board's responsibility for accrediting programs. This section seems to allow the Board to lengthen or shorten the educational program as it sees fit. Thus, it is possible that in times of manpower shortages,

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* H.B. 6108 (1972), p. 13, l. 13-15.

** H.B. 4114 (1973), p. 10, l. 5-6

the Board could shorten the length of the hygienists' education, and vice versa.

In the following passage (which is identical for both the 1972 and 1973 bills), the emphasis on Board exams for hygienists has been lessened:

> "(Every) An applicant who (shall successfully pas such) PASSES THE examination (as may be prescribed by the board) shall (be granted a license) LICENSED as a dental hygienist..."*

The hygienist is defined very narrowly in the present dental act. The bill would increase the number of periodontal duties provided for in the law. The present act says that a hygienist "may remove calcareous deposits, accretions and stains" and the bill adds "perform deep scaling, root planing, polish restorations, place and remove surgical dressings..." (H.B. 4114, Sec.9, p.10, l. 20-26). The new bill also provides for additional tasks by the phrase, "and perform additional functions and operations as the board prescribes by rule."

2. Assistants

A new section provides for dental assistants and was created through compromise. A licensed auxiliary was not created, but the office-trained assistant is provided for and she may expand her duties through certification.

The first paragraph of the section provides for the use of on-the job trained assistants. The assistant may expand her duties by taking courses "in a school approved by the board," but the 1973 bill goes on

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*H.B. 4114 (1973), Section 9, p.10, l. 11-13.

to say: "... approved by the board and who has passed an examination that may be given by the board" (H.B. 4114, Section 9a, p.11, l. 24-25; emphasis added). One wonders why the State Board insisted upon examinations. Could it be that they see this as a potential barrier? The MDA opposed this change and weakened the wording by the insertion of the word "may".*

The on-the-job trained assistant is loosely defined by this new section. The assistant is prohibited from certain duties: "diagnosing or prescribing..., cutting of the human teeth, gums, jaws, or attendant tissue, removing calcareous deposits, deep scaling, root planing, restoring hard or soft tissue, independent administration of anesthesia or analgesia, and other procedures prohibted by the Board " (H.B. 4114, p.11).

The assistant could expand her duties through certification to include the prohibited duties. For each procedure, the education requirements will be determined by the Board, and the assistant will complete a course at an approved school and pass the Board's exam.

This section of the bill was amended in the House because of pressure from the Michigan Dental Hygienists' Association. The amended lines are shown below. The hygienists' amendments are written in capitals and

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*The 1972 bill was held up by the State Board of Dentistry's insistence on certain changes regarding examination. The Ad Hoc Committee thought it had settled all problems with the State Board in 1972, but this agreement fell apart. MDA members, especially dental school faculty, have been trying to steer the State Board away from the traditional examining function and serve as an accrediting agent instead. (Conversation Ad Hoc Committee member).

The other option here would be to accept the ADAA certification exam rather than having state certifications. The problem with ADAA certification is that it requires continuing education and this seems to cause attrition. Of the 15,000 assistants in the state who have been certified only 700 are currently certified.

words deleted from the 1973 bill are enclosed in parenthesis:

> "A licensed dentist may delegate certain dental procedures prohibited by subsection "1" which the board finds would not jeopardize the dental health of the patient to (an assistant) A PERSON authorized by a certificate of the board to perform such procedures EXCEPT THAT THE REMOVAL OF CALCAREOUS DEPOSITS, DEEP SCALING OR ROOT PLANNING SHALL NOT BE DELEGATED TO A PERSON OTHER THAN A DENTAL HYGIENIST. The certificate shall be issued to a person who has satisfactorily completed a program designed to train him to perform these procedures in a school approved by the board and who has passed an examination that may be given by the board. IF A PROGRAM OF TRAINING FOR DENTAL HYGIENISTS PROVIDED FOR IN SEC. 9 QUALIFIES A DENTAL HYGIENIST TO PERFORM ANY OF THE FUNCTIONS WHICH THE BOARD AUTHORIZES A PERSON TO PERFORM UNDER THIS SUBSECTION, THE BOARD SHALL AUTHORIZE AND GRANT A CERTIFICATE TO A DENTAL HYGIENIST TO PERFORM THESE FUNCTIONS WITHOUT FURTHER TRAINING."*

These amendments have altered the bill so that hygienists may be certified without further training and thus the expanded duties intended for assistants may be more easily attained by the hygienists. At the same time, the hygienists have reserved the preventive field for themselves.

Though the MDA is not pleased with the amendments made by the hygienists, it appears that they will accept them in order to get the bill passed. The MDAA seems to have had little input during either the formulation or the amendments to the bill. Some assistants believe that the M.D.H.A.'s actions were an over reaction to the fact that graduates of hygiene programs had trouble finding jobs last spring. Both members of the MDA and the MDAA felt that the action by the MDHA may have actually hurt the hygienists because it may mean they will be doing more restorative work when they would prefer expanded tasks in the periodontal area.

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*J.H.R.No. 55, 1973, p. 1161.

The rules of the State Board of Dentistry will define more explicitly the role of the hygienist and the assistant. A Tri Partit Committee, composed of representatives from the MDA, the State Board, and the two dental schools, will advise the Board on this issue. The M.D.H.A. and the M.D.A.A. have been promised they will also have representatives on this committee.

However, the number of expanded duties for which the assistant may be certified are very few when one examines the amended bill. Since the hygienists have reserved preventive-type duties for themselves, only the area of restoring hard or soft tissue is open as an expanded duty for the assistant. It is possible that if the Board's rules are strict regarding the assistant, she may be of less use to the dentist than before she gained official recognition.